



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Fee Transmittal

for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

630.00

Complete if Known

| | |
|----------------------|--------------------|
| Application Number | 09/926,585 |
| Filing Date | November 21, 2001 |
| First Named Inventor | Teddy Furun |
| Examiner Name | Abolfazl Tabatabai |
| Art Unit | 2625 |
| Attorney Docket No. | PF990030 |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order
Customer Number 24498

None Other (please identify): _____

Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|---|----------|---------------|
| _____ | - 100 = _____ | / 50 = _____ (round up to a whole number) x _____ | _____ | = _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Two-month extension of time (\$450), Submission of IDS (\$180) = \$630

\$630

SUBMITTED BY

| | | | | | |
|-------------------|--------------|--------------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Paul P. Kiel | Registration No. (Attorney/Agent) | 40,677 | Telephone | 609-734-6815 |
| Signature | <i>RePMJ</i> | | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.